

Applicant's full name

As an Au Pair in Spain the applicant will be living a period of time in the home of a family with young children. It is therefore important that we are advised of any physical, mental and emotional health problems or family history issues which may have an impact on the applicant's ability to carry out their duties appropriately. Please note that withholding or falsifying any information may result in the applicant being withdrawn from the programme.

Do you have access to the patient's full medical history?	Yes	No	How long have you known the patient?	
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Tick the appropriate box if there are any abnormalities by the following systems:

Ears, nose and throat	Skin	Neuropsychiatric	Respiratory system/lungs
Genitourinary	Eyes	Cardiovascular	Musculoskeletal
Brain, nervous system	Gastrointestinal	Metabolic	Other

If you ticked any of the above, please provide details including dates, treatment and medication required:

Is the applicant, to the best of your knowledge a likely carrier of any infectious disease (Hepatitis B or C, HIV virus, etc)

The applicant does not need to be tested Yes No

Have you noticed any changes in weight or eating habits of the applicant that may indicate eating disorder?

Yes No

Has the applicant ever been hospitalised or had surgery, including cosmetic surgery?

Yes No

Is the applicant currently or has ever been treated/counselled or received medication for a nervous condition, eating disorder, depression or emotional problems?

Yes No

Have you any knowledge that the applicant has ever been a victim of physical, emotional or sexual abuse?

Yes No

Is there any history of nervous or emotional problems, depression or abuse (sexual, emotional or physical) in the applicant's family background?

Yes No

If you have answered "yes" any of the above, please provide details including dates, treatment and medication required:

Please use this space to comment on the applicant's current emotional wellbeing and provide any other relevant information:

After having reviewed the applicant's medical notes, please give your opinion on the applicant's general state of health

Excellent Good Fair Poor

Please add your Doctor's or Medical Practice stamp below

I have examined and/or reviewed medical notes of the above named applicant and I find them to be capable of fully participate in the programme.

Yes No

Date

Doctor's signature